



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2382

<b>SERIAL NUMBER</b> 10/756,817	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 3293.03US10
------------------------------------	---	---------------------	-------------------------------	---

## APPLICANTS

Timothy G. Haines, Columbia City, IN;  
 David B Goldstein, Cream Ridge, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/799,325 03/05/2001 PAT 6,695,848  
 which is a CIP of 09/261,528 03/03/1999 PAT 6,197,064  
 which is a CON of 08/892,286 07/14/1997 PAT 5,879,354  
 which is a DIV of 08/649,465 05/17/1996 PAT 5,755,803  
 which is a CIP of 08/603,582 02/20/1996 PAT 5,810,827  
 which is a CIP of 08/300,379 09/02/1994 PAT 5,514,139  
 and is a CIP of 08/479,363 06/07/1995 PAT 5,643,272  
 which is a CIP of 08/342,143 11/18/1994 PAT 5,597,379  
 which is a CIP of 08/300,379 09/02/1994 PAT 5,514,139

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 40	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

Brad Pedersen  
 Patterson, Thunte, Skaar & Christensen, P.A.  
 4800 IDS Center  
 80 South 8th Street  
 Minneapolis, MN55402-2100

## TITLE

METHODS AND APPARATUS FOR FEMORAL AND TIBIAL RESECTION

<b>FILING FEE RECEIVED</b> 1902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____